

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # G43046

1. Entity Name
MIRACLE STRIP STRUCTURES, INC.



Principal Place of Business
307 CARMEL DR
FT. WALTON BCH, FL 32547 US

Mailing Address
PO BOX 123
MARY ESTHER, FL 32569



03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2291912
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOELLER, RICHARD W.
307 CARMEL DR.
FT. WALTON BEACH, FL 32547

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
GOELLER, CYNTHIA J.
307 CARMEL DR
FT. WALTON BCH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GOELLER, RICHARD W.
307 CARMEL DR
FT. WALTON BCH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GOELLER, WILLIAM E.
1793 AUTUMN LANE
FT. WALTON BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/04 850-864-2703

Date

Daytime Phone #